

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: HERITAGE AT DEER CREEK (0009763)

Address: 3585 S 147TH ST, NEW BERLIN, WI 53151

License Status: REGULAR

Licensed/Certified/Registered 09/01/2003

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0096803 **End Date:** 04/10/2006 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10011849 Served 05/01/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.42(3)(e)	QUARTERLY FIRE DRILLS		
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL		
83.43(3)(b)1	TESTING BY SERVICE COMPANY		

Survey ID: 0092010 **End Date:** 01/21/2004 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008665 Served 02/25/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(o)	MEDICATIONS	03/27/2006	Yes
83.33(3)(e)5	MEDICAL RECORD DOCUMENTATION	03/27/2006	Yes
83.35(2)	MODIFIED OR SPECIAL DIETS	03/27/2006	Yes

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Survey ID: 0091014 End Date: 09/08/2003 Type: STANDARD Purpose: SURVEY/COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10008593 Served 09/23/2003

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(1)(a)	ASSESSMENT AND ISP	01/29/2004	Yes
83.53(1)(a)	NUMBER & TYPES OF EXITS & PASSAGEWAYS	01/29/2004	Yes
83.53(2)(a)	DOORS EXCEPT PATIO DOORS	01/29/2004	Yes

Survey ID: 0089888 End Date: 08/31/2003 Type: INITIAL Purpose: SURVEY

Results: PROBATIONARY LICENSE ISSUED

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For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Enforcement History

Date: 04/28/2006 **SOD #10011849** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

Date: 02/24/2004 **SOD #10008665** **Appealed: No**

Sanctions

PROVIDE TRAINING
FORFEITURE---83.21(4)(o)
FORFEITURE---83.35(2)

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Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Complaint History

Date Complaint Received: 02/14/2006

Date Investigation Completed: 04/10/2006

Subject Area(s)
MEDICATIONS

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 12/09/2005

Date Investigation Completed: 04/10/2006

Subject Area(s)
STAFF ADEQUACY

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 09/01/2005

Date Investigation Completed: 04/10/2006

Subject Area(s)
MEDICATIONS
STAFF ADEQUACY
PROGRAM SERVICES

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 05/10/2005

Date Investigation Completed: 04/10/2006

Subject Area(s)
RESIDENT BEHAVIOR/FACILITY PRACTICE

Result
SUBSTANTIATED

SOD #
10011849

Date Complaint Received: 01/20/2004

Date Investigation Completed: 01/21/2004

Subject Area(s)
MEDICATIONS
STAFF TRAINING AND PROFICIENCY
PROGRAM SERVICES

Result
SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #
10008665

10008665

Date Complaint Received: 08/29/2003

Date Investigation Completed: 09/08/2003

Subject Area(s)
ABUSE
RESIDENT BEHAVIOR/FACILITY PRACTICE
MEDICATIONS
STAFF ADEQUACY

Result
NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

10008593

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DEPARTMENT OF HEALTH AND FAMILY SERVICES
Division of Disability and Elder Services
Printed 07/28/2006

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Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Date Complaint Received: 08/21/2003

Date Investigation Completed: 09/04/2003

Subject Area(s)

RESIDENT BEHAVIOR/FACILITY PRACTICE

Result

SUBSTANTIATED

SOD #

10008593

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